



## Prostate Cancer: Recognition and treatment of therapy induced bone loss

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# Introduction



- Osteoporosis is a common and significant health problem associated with androgen deprivation therapy (ADT) in the treatment of prostate cancer
- Initial study by Urology department at NMCSD in 2007 identified low rates of screening DEXA scans in this population
  - ▣ Those identified as osteoporotic were undertreated
- Patient and physician education efforts undertaken to improve screening and treatment rates
- Data re-assessed in 2011 to determine if improvements had been made
  - ▣ Opportunity to identify continued deficiencies and propose further avenues for improvement

# Data, then and now...



	2007	2011
# of patients on ADT	272	100
Screening DEXA (%)	<b>45</b>	<b>57</b>
% osteopenic	41	35
Tx osteopenia (%)	<b>44</b>	<b>85</b>
Tx with bisphosphonate (%)	20	45
% Osteoporotic	35	19
Tx Osteoporosis (%)	<b>58</b>	<b>91</b>
Tx with bisphosphonate (%)	<b>51</b>	<b>82</b>

# Conclusions



- Dramatic increase in treatment rates of osteopenic and osteoporotic men treated with ADT
  - ▣ Vast majority of osteoporotic men treated with gold standard therapy of bisphosphonates
- While improved, significant deficiencies remain in screening this at risk population for bone loss

# Future Directions



- Possible interventions to improve screening rates:
  - ▣ Definitive identification of responsible physician
    - Medical oncologist vs. primary care physician vs. urologist
      - Medical oncologist may be most appropriate given background as internist combined with intimate knowledge of risks of therapy
  - ▣ Establishment of an AHLTA template for prostate cancer follow-up appointments with specific areas to address DEXA and osteoporosis/osteopenia tx